

# Residential Care Enquiry Form



## Thank you for your interest in accommodation at one of ACH Group's residential care homes.

Please note that your enquiry form is only a registration of interest for a place in one of our residential care homes and is subject to availability.

We welcome calls to enquire about vacancies and to update us on any changes to your health or circumstances.

We recognise that moving into residential care may be an emotional time for you, so we are here to help wherever possible.

If you have any queries please call the Residential Welcome Team on (08) 8159 3530.

Date: \_\_\_\_\_

Enquiry for:

Permanent Care

Respite

ACAT referral code: \_\_\_\_\_

What is your preferred timing?

Urgent (in the next 2 months)

Waiting list only

## I'd like to enquire about:

If choosing more than one home, please number by preference.

Kapara (Glenelg)

Milpara (Rostrevor)

Perry Park (Port Noarlunga)

ViTA (Daw Park)

Colton Court (McLaren Vale)

Healthia (Elizabeth South)

Highercombe (Hope Valley)

Don't know yet / Not sure

## Personal Information:

Family name: \_\_\_\_\_

Given name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact person (1) for enquiry**

**Correspondence will be directed to contact person (1)**

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Does he/she hold an Enduring Power of Attorney?  Yes  No

Does he/she hold a Medical Power of Attorney?  Yes  No

**Contact person (2) for enquiry**

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Do you receive an Aged Pension or any other pension?**  Yes  No

Pension or DVA number (if applicable):  Full  Part

\_\_\_\_\_  Non Pensioner  DVA

Medicare card number: \_\_\_\_\_ Reference number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

**Financial status:**

Are your assets and income above \$193,219.20?  Yes  No

**Details of General Practitioner (GP):**

Doctor's name: \_\_\_\_\_ Clinic name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please return completed form via post to:**

ACH Group Residential Care  
PO Box 646 Torrensville Plaza  
Torrensville SA, 5031

If you prefer, forms can be emailed to us at  
**care@ach.org.au**

If you have any queries please call the  
Residential Welcome Team on **(08) 8159 3530**.

**Leaders in aged care since 1952.**

achgroup.org.au

